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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	MENT # P950	000028618) (O)				
1	FESSIONALS UNLIMITED				# 1001(00) ME (010) ONLY 0014	BBHI BBHI BBHB H	88: 48338 Acid; 6188: 181;
Principal Place	e of Business	Mailing Address					
272 DUBL	IN DR		-				18. (Bris 21)&1 (154) (41)
	RY FL 32746	272 DUBLIN DR. Lake Mary Fl 32746					
					3. Date Incorporated or Qualified 04/06/1995	3a. Date o	f Last Report
2. Principal Pl	ace of Business	2a. Mailing Addres	ss		4. FEI Number	<u></u>	1 Andrei E
21		26			59 - 330516	- ^	Applied For Not Applica
Suite, Apt.	#, etc.	Suite, Apt. #, (etc.	·	5. Certificate of Status Desired		\$8.75 Additional
City & State	9	City & State					Fee Required
23 Zip	Count	28	- <u>,</u>		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
24	Country 25	Zip 29	Coun	ntry	This corporation has liability for Florida Statutes Yes	intangible tax ι s ΠNo	under s 199.032,
	9. Name and Address of Curi	rent Registered Agent			10. Name and Address of New I		ent
TEAA	" DENINO D		14	B1 Name			
	E, DENNIS R		1	82 Street Addr	ss (P.O. Box Number is Not Acceptable)		
272 Dublin dr. Lake Mary Fl 32746			ŀ	B3			
		•					
						·	ne 3 O
				B4 City			85 Zip Code
11. Pursuant to or registere	o the provisions of Sections 607.05 ed agent, or both, in the State of Fig	502 and 607.1508, Florida Sprida, Such change was a	Statutes, the above	1	ation submits this statement for the pu		
	o the provisions of Sections 607.05 ed agent, or both, in the State of Fic h, and accept the obligations of, Se	502 and 607.1508, Florida to orida. Such change was au oction 607.0505, Florida St.	Statutes, the above	1	ation submits this statement for the pu d of directors. I hereby accept the app		
SIGNATURE _	Signature, typed or printed name of registered ag-	cent and title if applicable	Statutes, the above othorized by the collatures.	e-named corpor. prporation's boar		rpose of chang ointment as rec	
SIGNATURE _	Signature, typed or printed name of registered ag OFFICERS A	iont and title if applicable	Statutes, the above attributes. (NOTE: Registered A)	1		rpose of chang pointment as rec	ing its registered of pistered agent. I am
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oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. Truffner oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

Poweron Pennis R. Tegge 4/22/96 407-322-6544